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ADDRESS

By Dr. Proctor, Vancouver, B.C.

I rather think, although your Lady Superintendent would not confess it to me, that I am taking the place of a man much better able to speak to you than I, but in any case, to me has been accorded the honor of saying a few words to you on behalf of the Hospital, as you are about to leave us; standing, as you are, on the threshold of the profession you have chosen. First of all, let me congratulate you upon having, in spite of examinations and other pitfalls—I won't enlarge upon what kind of pitfalls—arrived safely at the goal, and become members of one of the finest professions I know. I do not know what motive induced you to choose the nursing profession, what ideas you had of it, but I know this, that you have found three years of the hardest kind of work, and we should like you to remember that you took that training in what is perhaps the finest hospital in Western Canada, and the training itself is one which enables you to take your place, unashamed, alongside any graduate nurse in the country.

We do not know what the future holds in store for you, but we should like you to know how earnestly we wish you well, and with what kindly eyes and interest we shall watch your career, and hope for your success.

In saying good-bye to you there are one or two things I should like to say on behalf of those who, for the past three years, have watched over you. I should like to say something of the duties and responsibilities of the profession you have chosen. First, your duty to yourself. During your course here you have done a great deal, you have seen a great deal, and you have, I hope, read a great deal. You will not, however, make the mistake of thinking your education finishes with your graduation. There is no profession in which the horizon is so constantly changing, no profession in which there is greater necessity to keep up with the newest thought than yours and mine. Efficieney is only reached by constant painful effort. I have been somewhat

To the 1915 class of Vancouver General Hospital.

amazed during the present war to notice how easily some people seem to think efficiency in your profession may be attained. I have heard of women with little or no training dashing off to the continent "to nurse the wounded." You may have seen a picture in "Punch" some months ago of a titled lady masquerading in the garb of a nurse just entering the room of a wounded "Tommy," and Tommy is looking up with an anxious expression on his face and saying, "Excuse me, your ladyship, but I ain't strong enough to be nursed this mornin'." This strange attitude on the part of the public towards a prolonged professional training was well illustrated in the case of a great friend of mine, a Presbyterian clergyman, a Scotsman who had taken a lengthy and most distinguished career in one of the Scotch universities. He went to a congregation which had been at the mercy of a man who had spent two years in what was known as a literary course, but to which the term "Illiterary" might have been better applied. A few days after his arrival he called upon a dear old lady who asked him how long he had spent at college. He replied, "Seven years," to which she replied that Mr. A. had only required two years, and added, "I suppose, however, some of them learn quicker than others." I am sure if I ask the members of your class to-day what they thought, they would reply with one voice, that every second of the three years' course is none too long to qualify them for the profession of nursing There is no short-cut to learning or to a profession.

"Heights by great men gained and kept
Were not attained by sudden flights,
But they, while their companions slept,
Were toiling upward in the night."

Look after your health. You will be expected to be ready for any call at any time, for any emergency. You will be expected to be always bright and cheerful, to have what has been called "the two o'clock in the morning courage," and you can only do and be that if you are well in mind and body. Get all the fresh air you can, and all the sleep you need. Don't allow your patients or your friends to ruin your health. I am often amazed at the selfishness of some people in times of sickness. We have heard criticism of the long hours of nurses in the hospitals. This, at least, is true, that nothing in the hospital, where the hours, if hard, are regular, compares with the treatment nurses are accorded in some homes where people in their anxiety about the patient seem to forget that a nurse needs sleep and rest. You cannot do your duty to your patient or yourself unless you keep well. So keep well.

Next, your duty to others. You are members of the most honorable profession which brings you into the most intimate and sacred relationship with your patient. I need not tell a graduate of this

hospital to be loyal to her patient and physician. They trust you implicitly, and let me ask you to render not merely the minimum but the maximum service. There are some people who are so afraid of being imposed upon that they are everlastingly on the lookout lest they should do the slightest degree more than the strict performance that duty requires. After an experience of some years, I am of the opinion that nothing is so ruinous to a career than this unwillingness to go one better than what is strictly called for. Now, lest the duties of your profession should be somewhat overwhelming you, let me point you to some of the privileges, its compensations. The responsibilities are great, but great responsibilities bring great opportunities, and the practice of your profession brings with it all that is best in a life of service and sacrifice for others, which is the only life worth anything. In commencing, I said that I did not know what were the motives that led you to choose your profession. I don't know what ideas you had of life or its meaning in the choosing of this career, because, although we must live, life means so much more than being clothed and fed. If, as Thomas Carlyle said, "The aim of every noble life should be to make some nook of God's Creation a little fruitfuller, better, more worthy of God, to make some human heart a little wiser, manfuller, happier"—if this is true, and from what I know of you, I know you believe it is true, then I like to believe that in choosing your profession this was at least one of your motives. In the wards of our hospital, in the homes of our people, you meet the sick and suffering, and the heartbroken. You meet people who are sick because they are heartbroken, and those who are heartbroken because they are sick, and how many have come out of these wards and beds with new health and new hope, because of the quiet influence of some good woman who, as a member of your profession, helped to bring them out of the Valley of Shadow, and place their feet upon the Mountain-Top, not only, as I have said, of restored health, but of renewed ideals. Just before Sir William Osler, who, I suppose, is the most brilliant representative today of Canadian medicine, left this country to take the position of Regius Professor of Medicine at Oxford University, he delivered a remarkable address to his fellow-workers—nurses and doctors—in this country, one of the finest addresses of its kind that I know of in the English language. He said: "More than any others we may illustrate the great lesson that we are not here to get all we can out of life for ourselves, but to try and make the lives of others happier." This, he goes on to point out, is the essence of that oft-repeated admonition of Christ's, "He that findeth his life shall lose it, and he that loseth his life for my sake shall find it," on which hard saying, if only we children of this generation would lay hold, there would be far less misery and discontent in the world. It is not possible to have better

opportunities to live this lesson than you will enjoy. Yours is a high and sacred duty. Think not to light a light to shine before men that they may see your good works. Contrariwise, you belong to the great army of quiet workers, physicians, priests, sisters, and nurses all over the world, members of which strive not, neither do they cry, nor are their voices heard in streets, but to them is given the ministry of consolation in sorrow, need, and sickness. To you, the silent workers of the rank, in villages, country districts, in the slums of our large cities, in the mining camps and factory towns, in the homes of the rich, and the hovels of the poor, to you is given the hardest task of illustrating in your lives the old Hippocratic standards of learning, of humanity that will show in your daily life, tenderness and consideration for the weak, infinite pity for the suffering, and a broad charity to all.

Mr. Stevens, in his interesting address to you, spoke of the war. We can hardly think of anything else at present, but one thing the war, I believe, is doing for us as a nation, is to bring home to us the duty of service and sacrifice for others. A few months ago David Lloyd George delivered one of the most remarkable speeches on the war I have ever read, and he closed with these words: "May I tell you in a simple parable what I think the war is doing for us. I know a valley in North Wales, between the mountains and the sea. It is a beautiful valley, snug, comfortable, sheltered by the mountains from all the bitter blasts, but it is very enervating, and I remember how the boys were in the habit of climbing the hills above the village to have a glimpse of the great mountain in the distance, and to be stimulated and freshened by the breezes which came from the hilltops, and by the great spectacle of their grandeur. We have been living in a sheltered valley for generations. We have been too comfortable and indulgent, many, perhaps, too selfish, and the stern hand of Fate has scourged us to an elevation where we can see the great everlasting things that matter for a nation. The great peaks we have forgotten, honor, duty and patriotism clad in glittering white, the great pinnacle of sacrifice, pointing like a rugged finger to Heaven. We shall descend into the valley again, but as long as the men and women of this generation last, they will carry in their hearts the image of those great mountain peaks whose foundations are not shaken, though Europe rock and sway in the convulsions of a great war." The thought I should like to leave with you in going away from us is the value of service and sacrifice. During the last few months we as a nation have been standing with bowed heads at the graveside of those who have died for our country in order that you and I might have life and liberty. This great war will pass and the need of our country will be not so much that people should die for us as that we should learn the meaning and sacrifice of service, if our country is to be great in things that really

count. To few are greater chances given for leaving the world better than we found it, and perhaps it is because so much is entrusted to us that so much will be expected. The possibilities for the exercise of brain and heart are endless. From the scientific side the old order is constantly changing, yielding place to new, but human nature remains just the same, and the inner chamber of the affections is reached in just the same way, but remember that only those may unlock the door who have earned the right to enter in. In closing, let me leave with you the admonition of Hupeland, an old and distinguished member of our profession, "Thine is a high and holy office. See that thou exercise it purely, not for thine own advancement or for thine own honor, but for the Glory of God and the good of thy neighbor."

THE FRENCH FLAG NURSING CORPS

How can we help the sick and wounded soldiers in France?

Much has been done already, and generously done, it is true, but there is still much left to do, and we must do it and do it at once. We all want to help, and help effectually, of course. Some people, however, do not know just how to set about it, while others have a tendency to think that their mite would not accomplish anything. They forget, perhaps, that many mites ultimately make a million.

Among the various schemes which have been set on foot and successfully put into effect by sympathizers with France, that of the French Flag Nursing Corps will certainly rank as one of the most practical attempts to help the French sick and wounded soldiers. The work of the corps cannot fail to interest all those who know from experience what skilled nursing really means, and what an important role it plays in giving back to the country men whose lives might otherwise be lost.

As soon as war was declared a large committee was formed in London with a view to offering to the French Military Hospitals a certain number of fully trained nurses. The proposal was gratefully accepted by the French Government, which even offered to share a part of the expense entailed, thus proving the necessity of such expert help. This sum, however, by no means covers the total expenses of the undertaking, and to-day the committee is in urgent need of funds with which to continue the work.

At first it was only a tentative venture, depending largely upon the tact and devotion of all concerned, especially that of the nurses. To-day the value of the French Flag Nursing Corps to the Service de

Sante, under the direct supervision of whose officials the work is carried on, is incontestable. It is daily growing into a far more important affair than was ever dreamed of by its founders, and, in spite of the difficulties which necessarily arise from time to time, it is quietly and successfully accomplishing the work it set itself to do.

It is comparatively easy to nurse French soldiers under our own doctors and with a personnel speaking our language, but it is quite another matter to go into French Military Hospitals themselves, under French military doctors and orderlies, and to find oneself in contact with the French military authorities, whose routine methods are so different from our own. Difficult for us, of course, but even more so for them. Both contracting parties, however, have bravely stood the test, and have broken down all the barriers which might have proved insuperable. To-day, over one hundred and fifty fully trained F.F.N.C. nurses are tending the French sick and wounded soldiers in their own hospitals, most of which are in the military zone, and are working under the direct orders of the French Minister of War. The nurses rank as officers, are treated as such, and are becoming more and more valuable as time goes on. The Service de Sante is begging for more, but owing to the fact that its funds are giving out, the committee is unable to satisfy these demands

The modest sum of $1 from all those who in time of sickness have enjoyed the comfort of a well-trained nurse, and feel therefore that they owe a debt of gratitude to the profession, will enable the French Flag Nursing Corps to continue its mission of nursing the sick and wounded soldiers of France; it will enable the committee not only to keep on duty the nurses already in the field, but to double, even treble their number, as the need for them arises.

This is the time to help the French sick and wounded soldiers. The hospitals are overflowing, and the number of them is increasing all the time. There were under two thousand at the beginning of the war—now there are over five thousand. The English are holding thirty-one miles of front. The French are holding five hundred and forty-three miles! The British military hospitals are amply equipped with first-class nurses; the French soldiers are largely dependent upon the volunteer services of the French Red Cross.

Our nurses are caring for between 3,000 and 4,000 patients to-day and we want to double that number. Fifty hospitals are asking for their help. To increase the activity and usefulness of the French Flag Nursing Corps to its maximum effort, the committee must have the wherewithal to meet the expense. Will you help in this work of mercy?

A PLEA FOR HELP IN THE PREVENTION OF BLINDNESS

Note.—As work for the prevention of blindness develops, it becomes increasingly apparent that the actual saving of sight in individuals may very largely be accomplished by nurses and nursing organizations.

There are even now many lives being spent in the light that would otherwise have dragged out in darkness but for the quick perception and determined action of nurses. We believe that such effort would be much more widespread if there were a more general understanding among nurses of just how appealing this service is and in what way it may be rendered.

Many are helping and many want to help, and so we frequently receive requests both from nurses and from club women, asking for guidance in inaugurating or carrying on prevention of blindness work. The National Committee for the Prevention of Blindness accordingly has worked out the following program, with the hope that it may meet the need of such inquirers.

Through their vision, their sympathy, their public spirit and splendid ability, nurses are pre-eminently fitted to engage in the crusade against unnecessary blindness, and so we are requesting that this program be reprinted in these pages with the hope and belief that we will thereby secure added and zealous recruits for this service.—C.C.V.B.

What Women's Clubs and Nursing Organizations can do to Prevent Blindness

"It is estimated that 50 per cent. of all blindness is preventable." This statement will be surprising to many—that one-half of the sightless people in this country need not have been blind had proper care been given to their eyes. But it has long been known by those endeavoring to prevent unnecessary blindness that more than a quarter of the pupils in the schools for the blind are sightless because their eyes were not properly treated during the first few days of life, that poor midwives are in part responsible for this tragedy; that children become totally or partially blind from neglected "sore" and "weak" eyes, and from neglect after attacks of such infectious diseases as measles, scarlet fever, etc.; that progressive nearsightedness among children may cause total or partial blindness if neglected; that household and industrial accidents cause the loss of many eyes; that drinking wood alcohol or inhaling its fumes in close places causes both blindness and death; that inadequate lighting and glaring surfaces are responsible for much visual disturbance, including eye-strain; and that eye-strain is a frequent cause of both mental and physical inefficiency.

Visiting nurse organizations and women's clubs, working inde

pendently or, better still, together, can perform valuable service in the elimination of these causes, thereby saving babies, children and adults from lifelong blindness.

"Babies' Sore Eyes" (*Ophthalmia Neonatorum*)

This disease which causes so much blindness, is preventable and, if taken in time, is curable.

The prevention of blindness from babies' sore eyes is accomplished through the routine use of 1 per cent. solution of silver nitrate, or some such prophylactic, in all infants' eyes immediately after birth, and by prompt and skilful treatment of babies' eyes when they become red, swollen and discharging, whether or not a prophylactic has been used.

1. Does the birth certificate used in your locality include the question, "What preventive did you use for ophthalmia neonatorum? If none, state the reason therefor"?

2. Are prophylactic outfits distributed gratuitously by your Health Officer to doctors and midwives?

3. Are doctors, midwives and parents required to report to the Health Officer, within six hours, redness, swelling or discharge from the eyes of infants in their care who are under three weeks of age?

4. Is this reporting law printed on the birth certificate—thus acting as a constant reminder?

5. Has the Department of Health a nurse in its employ, or does it so co-operate with a nursing organization that it may send a nurse at once to visit each reported case and secure adequate medical or hospital treatment for uncared-for cases?

6. Are there such hospital facilities for the care of babies' sore eyes that the Health Officer may send an infant to a hospital without delay if the eyes are in a serious condition?

Take these points up with your Health Officer, interested oculists and obstetricians, and don't rest until they are all attended to. Make it your business to see that any baby suffering from sore eyes, of which you have knowledge, is given prompt and adequate medical attention.

Try to have at least one nurse in the community for eye work exclusively, and see that there are hospital facilities for treatment of severe cases of babies' sore eyes.

Midwives

These women attend about half the births occurring in this country, and the majority of them are dirty, ignorant and generally unfit to assume the care of mothers and babies. Although the carelessness of many physicians is equally reprehensible, it is due in great measure to the ignorance and neglect on the part of midwives that many babies become blind from babies' sore eyes.

1. Are there midwives practising in your community?

2. Are they registered by an official body?

3. Is it required that they be adequately trained; pass an examination; obtain a license; and register before beginning to practise?

4. Has your community a midwife training school connected with a good hospital?

5. Do the practising midwives give clean, careful nursing care to mother and child, and instruction to the mother concerning hygiene of pregnancy and care of her child?

6. Has the State or City Health Department adopted rules regulating midwives' practice in detail and requiring them to summon a physician in all but normal cases?

7. Are there inspectors to enforce the rules and give helpful advice to the midwives?

Make it your business to find out about this, for the sake of the mothers and babies. Your Board of Health is the proper body to have control of midwives. The Board of Education should regulate their training and licensure.

Eyesight of School Children

Many normal children seem backward because they have sore eyes or defective vision. Failure to correct these defects will probably mean continued retardation for many of the children, and inability to reach their highest possible mental and physical development and economic efficiency. Continued neglect may result in partial or total blindness.

1. Are all class-rooms in your schools adequately lighted?

2. Are the blackboards and tops of the desks lustreless?

3. Are all of the desks adjustable?

4. Are the children's eyes carefully and regularly examined for nearsightedness and other visual defects, and for various kinds of "sore" eyes?

5. Is this done by an oculist?

6. Are there clinics where school-children with "sore" or "weak" eyes may be treated?

7. Is there provision for furnishing eyeglasses to indigent children who need them?

8. Are common towels allowed in your schools? (They spread eye diseases.)

9. Are the children taught how to take care of their eyes?

Improving the eyesight and general surroundings of school children will be of immediate benefit to them, and will increase their chances for enjoying health and prosperity later in life.

Talk to your Board of Education about this—it is important. The children can't do it themselves.

Industrial Accidents

Many good workmen are seriously handicapped and even become public charges as a result of losing one or both eyes in an accident that might have been prevented. Men, women and children often suffer from severe eye-strain because they are not provided with adequate light while at work.

1. Are workmen in the factories and shops in your locality protected from eye accidents by goggles; guards on emery wheels; screens to catch flying chips; guards on water gauges; etc.?

2. Are the factories, workshops, and workrooms adequately lighted?

3. Are workmen examined to see that they are not especially liable to accidents because of defective vision?

Take these points up with your Department of Labor, Industrial Safety Commission, or some similar body.

The eyes are breadwinners and must be carefully guarded.

Wood Alcohol

Wood alcohol is a poison which may cause blindness or death if swallowed, or if its fumes are inhaled in an inadequately ventilated place.

1. Have you a law forbidding wood alcohol to be sold in any form without a poison label and warning?

2. Is the use of wood alcohol absolutely forbidden in beverages, medicines, and toilet preparations?

3. Are your druggists, paint and varnish dealers, liquor dealers, grocers and barbers prosecuted for failure to comply with the above restrictions?

4. Is wood alcohol used in any of your local industries? If so, are employers required to protect their workmen from poisoning by providing adequate ventilation?

Your Board of Pharmacy, Department of Labor, Health Department, and Commissioner of Excise have jurisdiction in this matter. Find out what they are doing about it. In the meantime, urge your druggists to give up the sale of wood alcohol, and urge your friends to use denatured alcohol instead. It is safer and cheaper than wood alcohol.

The National Committee for the Prevention of Blindness wants your help and co-operation in spreading the knowledge that much blindness is needless. It has data and information, lantern slides, exhibits and pamphlets on the various causes of unnecessary blindness

and methods of prevention, and it is glad to share these with workers in all parts of the country.

In order to accomplish the ends suggested in the foregoing program, it is necessary to have official action, supported by public opinion. Try to have at least one big popular meeting annually under the joint auspices of the local Medical Society, the Health Officer, Superintendent of Schools, Y.M.C.A., women's clubs, nursing organizations, and relief agencies. Arrange for talks before school children, mothers' clubs, etc., and secure as much newspaper publicity as possible. Write to the National Committee for suggestions and assistance.

The educational work must be sustained—the effort unremitting.

ELLA L. BLAIR,
Chairman, Public Health Department, General Federation of Women's Clubs.

CAROLYN C. VAN BLARCOM,
Chairman, Committee on Prevention of Blindness and Midwives National Organization for Public Health Nursing;
Secretary, National Committee for the Prevention of Blindness,
130 East 22nd Street, New York City.

GLEANINGS

The Bulletin for July, 1915, issued by the Canadian Red Cross Society, contains much interesting information. The President has returned from his tour of observation at the seat of war. He has been honored by the new rank of Surgeon-General. The information which General Ryerson brings with him will give new impetus to the work, though "the splendid record of receipts, both in cash and supplies, shows that the Canadian people have already risen to the needs and opportunities of the war."

These excerpts will be of interest:

"His Majesty the King has conferred the Order of the Royal Red Cross on Miss Campbell, Matron of the Duchess of Connaught Red Cross Hospital at Cliveden. The executive has already cabled its congratulations to Miss Campbell, and all members of the society will feel honored by this signal proof of Miss Campbell's ability and of the general excellence of the hospital under her charge. The hospital was inspected by Her Majesty Queen Alexandra, who expressed herself as much pleased with her visit."

"A wounded Belgian officer has given a touching description of an incident that occurred the other day in the Belgian trenches on the Yser. He says: 'Queen Elizabeth, who was not less entitled to our

reverence and homage than King Albert, went to speak to her soldiers. The men in the trenches did not recognize the kind and graceful lady as the Queen. One man said: "Come along, madame, make yourself at home." Another soldier said, "Ah, but, madame, this trench is dangerous." The Queen replied. "Not for me, I am small." One of the men produced a sack and placed it on the slope of the trench. The Queen sat down on the sack and began to distribute the chocolate and cigarettes she had brought. Presently another soldier came from another position and, recognizing Her Majesty, said: "Oh, the Queen!" All the soldiers, of course, rose and stood to attention. Her Majesty, after expressing kind wishes for their welfare, left the trench. On the sack on which she had sat are now inscribed the words: "The resting-place of the Queen." The soldier to whom the sack belonged was asked whether he would sell it as a souvenir, and he replied, "Not for a hundred thousand francs." ' "

"Canadian Nurses: Since Monday the nurses have been under the direction of Miss Swift, Matron-in-Chief of the joint committee of the British Red Cross and St. John Ambulance Association. The ladies are all well, and during the week were outfitted in a similar manner to the first detachment. The uniforms are of a serviceable grey, and they have been favorably commented upon.

"It is impossible to state whether the nurses will be detailed for duty during the coming week, but it can be taken for granted they will not be long idle with so many unfortunate wounded daily reaching England from the Continent."

"Nurses' Rest, Cheyne Place: This house is in charge of Nursing Sister Cameron-Smith, who reports that during the month of May Sisters Nesbitt, Boulter, Manchester, Hayhurst and Younghusband were in residence. The latter arrived on May 29th from Le Touquet, where she had been on duty since November last."

"This home has been used by the nurse in charge, Miss Cameron Smith, for the entertainment once a week of wounded Canadians who are in hospital adjacent thereto."

That this privilege is appreciated by our soldiers is shown by this letter to Col. Hodgetts:

"I understand it is owing to your kindness that I and half-a-dozen of the other Canadian patients of this hospital have been able to spend several very pleasant afternoons at the Canadian Nurses' Home at 13 Cheyne Place. I thought I would tell you how very much

we enjoyed ourselves there and of the kindness of Sister Cameron-Smith, who did her very best to make our visits enjoyable. The boys are very, very grateful, as they seem to feel more at home there than anywhere else in the city.

"Thanking you very, very much for your kindness."

The Matron at Le Treport Hospital, France, says:

"I would like to try at least to convey to you our very great appreciation of the Red Cross Society in connection with what it has been doing for No. 2 Canadian General Hospital.

"We have our Red Cross stores in tents assigned for that purpose, and an orderly, detailed by the O. C., is in constant attendance at the tents. He issues stores to the various parts of the hospital, but only under the supervision of my assistant or myself. All the stores so issued are entered in the stock book supplied by the Red Cross Society, and a stock sheet is sent each week showing the stores issued.

"These stores we guard carefully and, I know, are given out judiciously and only when things cannot be obtained from ordnance.

"Liberal as the ordnance is, I can safely say that without the Red Cross stores we would oftentimes not know where to turn, especially when a large convoy of sick and wounded arrives. At such a time the Red Cross stores are looked upon by the Sister, not only as luxuries and comforts, but as actual necessities, for we all consider that the very best of what we have is none too good for the man who has given up everything to go out and take his part in defending our liberties for us.

"I wish the women at home who are so busy making all these Red Cross supplies could fully realize how much their work means to us, who have had the great privilege given us of being sent over here to care for the sick and wounded, and what a comfort it is for us to know that such supplies are available and will continue to be available so long as there is need for them.

"I am afraid I have very poorly expressed the appreciation I feel, but I would like you to know how grateful we are, and thanking you very much for all the supplies you have already sent us."

The Matron at No. 1 Canadian Hospital at Wimereux, France, writes:

"Many thanks indeed for the prompt attention given to our indents for hospital supply in the months of April and May.

"These supplies have been our treasures and already the initials

of our Canadian Red Cross flag mean to each Sister 'Comforts Ready Constantly.'

"This assurance is truly a comforting one, carrying as we do so often a surplus of patients over our bed capacity, makes the demand on the ordnance stores greater than the supply, with the result—our keen appreciation of Red Cross.

"No patient ever lacks a clean set of pyjamas, bed socks, bed jacket, or, greatest of all, a nice clean gauze handkerchief and wash cloth. These latter, together with the triangular bandages and the swabs, make daily routine much happier both for patient and Sister.

"Again accept my thanks on behalf of the patients, Nursing Sisters and myself, and be assured that I am an 'Oliver Twist,' and so will constantly 'ask for more,' but will do all in my power to guard against waste by a thorough appreciation of the value of each article which comes from the kindest of friends—the people of the Home land. I am affixing a list of articles required, although perhaps not already in your stores."

A movement to divorce the preliminary training of nurses from the hospitals and to establish in State universities throughout the country schools in which training of a higher standard can be guaranteed than by the present system, was launched with great enthusiasm at a session of the International Council of Nurses, in the Greek Theatre of the University of California. That the University of California might be chosen as the first of these schools on the Pacific Coast was intimated by Miss Annie W. Goodrich, president of the council and presiding officer.

"We are meeting in this university for a reason," said Miss Goodrich. "As has been known, there is a fund in memory of Florence Nightingale, with which we had hoped to endow a course of training for nurses. The course cannot be endowed this year, as part of the fund is being spent, as Miss Nightingale would have liked it to be, in relief work in Europe. However, a large sum is on hand, and we can now say that the connection between universities and the proposed schools for nurses has already been started."

On the same subject, Miss Sophia F. Palmer, editor of the American Journal of Nursing, said: "There is a tremendous movement on foot for the complete reorganization of the manner and method of the training of nurses. It means the establishment of certain schools as departments of universities for the preliminary training of nurses and the relieving of hospitals of all but those responsibilities that compare to the interneships of physicians. It will mean schools as efficient

as the medical schools, certificates of graduation, and a great raising in standards."

Speakers included Dr. Henry B. Favill, of Chicago, who urged that physicians of the best standing aid in the education of nurses.

"Cupid finds comparatively few recruits among the nurses constituting the National Organization for Public Health Nursing, according to Miss Ella Phillips Crandall, of New York City, executive secretary of that organization.

"Miss Crandall attributed this to the fact that sick-room nursing is dull and monotonous as a rule, and nurses quite frequently marry to escape its drudgery, while with public health nursing quite the opposite is the fact. In this line of work there is much variety. The work of the nurses takes them daily into different social environments.

"There is such a diversity in their labors, argues Miss Crandall, and their work becomes so fascinating that they cease to consider marriage. These women find there is so much good to be done among the poor and needy; so wide are their possibilities for benefiting mankind by building up the health of a community that, once they become engaged in their work, they care for no other line of activity."

"Public health nursing is really a science and is coming to be recognized as such. This type of nurse is growing away from the physician. The work largely takes the place of the doctor in that it educates people to care for themselves or others, and at the same time prevents the spread of disease through a recognition of sanitation. There are more than 5,000 women engaged in this work in the United States."

"Both the advantages and disadvantages of the eight-hour law for women, particularly as it affects pupil nurses in hospitals with training schools, were brought out in papers and discussions before the convention of the National League of Nursing Education. Mrs. H. W. Pahl, of Los Angeles, read the chief paper, and her conclusion was that although the law had many disadvantages it was a step in the right direction.

"Her experience of nearly two years showed, she said, that the measure tended to increase the health and happiness of young girls who are training to become nurses, but that it added a burden on those who maintain hospitals, or who are compelled to seek hospital treatment."

"Harvard College is going to hear from the American Nurses' Association and its affiliated bodies on its refusal to permit women to attend its public health courses. At a session of the convention of the National Organization for Public Health Nursing, the resolutions committee was unanimously instructed to draft resolutions protesting against the action of the Harvard faculty. These resolutions will later be presented for ratification to the other conventions now in session and then be submitted to the American Nurses' Association for adoption.

"It was said during the general discussion of this formal protest, that all the conventions now in San Francisco would endorse such a resolution. Later it will be sent to the Harvard faculty, with protests to be secured by as many State and other nursing organizations as possible in the United States."

"The most popular form of legislation pertaining to women has been that which has provided for the State registration of nurses, declared Louise Perrin, of Colorado, before the general session. She added that it was in South Africa, in 1891, that the first nurse registration law was enacted. It was two years later, 1893, that the second law was enacted, which was in New Zealand. New Jersey was the first State of the Union to recognize the nursing profession to the extent of requiring a registration for nurses. That law was passed in 1903. Since then forty-one States have enacted laws similar in intent, and there is a movement in the remaining to enroll them in the same cause."

Immediately following an address by a full-blooded Indian woman on the subject of "Indian Nurses and Nursing Indians." the American Nurses' Association, at its convention, unanimously adopted a resolution requesting the Indian Bureau to provide medical and nursing facilities for the Indians now on the Government reservations.

The speaker was Miss Estaiene M. De Peltquestangne, a member of the Kikapoo Indians, and a graduate nurse who has been working among her people in Ohio for a number of years. Miss De Peltquestangne declares trachoma and tuberculosis are two of the diseases most prevalent among Indians, and said the death rate from tuberculosis was about three times that among white people. She also said the funds provided by the Government for medical and nursing treatment were pitifully inadequate.

At a session of the National Organization for Public Health Nursing it was announced that circular letters are to be sent to all large

department stores and factories in California, urging the employment of at least one graduate nurse for social work and educational purposes.

It is contended that a nurse can accomplish much by daily visiting the homes of the employes to look after the sick or injured. When their services are not required for those purposes, the nurse could hold classes at the factory or in the store, instructing both the men and women in hygiene and sanitation. By her social endeavors it will be the aim of the nurse to raise the social standard of her fellow employes by interesting them in books or improving home conditions.

Uncle Sam has aroused the ire of the nurses, for the Bureau of Labor at Washington has classified nursing as labor, instead of as a profession, and as a result graduate nurses of Canada, England, and other foreign countries cannot practise their profession here. At the convention the secretary was instructed to set forth the attitude of the association in a letter to the Secretary of Labor.

We note in *The Nursing Journal of India* that untrained women pose as nurses in India too. The complaint noted was that two women who had *no* certificates at all were on the staff of a hospital and were on the same footing as regards salary, duties and privileges as the rest of the staff, who are all trained nurses.

Sydney, Australia, has recently appointed two policewomen.

A unit of registered nurses from South Africa, selected professionally, and under the supervision of Miss J. C. Child, has been offered to Mrs. Fenwick for service with the F.F.N.C., all expenses guaranteed. This offer has been accepted by the committee, and it is hoped the unit will shortly arrive. Miss Child is a most experienced military nurse, and holds the Diploma and Distinguished Order of the Greek Red Cross, the medal of the Boer War, the Mayor's medal for the siege of Kimberley, and the Order (Hon. Serving Sister) St. John of Jerusalem.

Miss Child has been nominated by the nurses of United South Africa for the Presidency of the South African Trained Nurses' Association.—*British Journal of Nursing.*

TO REGULATE THE PRACTICE OF NURSING

The Commissioner of Health in New York City has considered the necessity of amending the "sanitary code" in order to provide for stricter regulations intended to insure better nursing care for the sick.

His purpose is based upon his observation that directories and other agencies are furnishing to employers non-graduates and many poorly equipped nurses, even when the employer has requested and thinks he is obtaining a graduate.

The amendment which he would have adopted reads as follows: "No person other than one who shall have graduated after a course of training of not less than two years' duration from a hospital training school for nurses shall practice as or hold himself or herself out to be or by any one held out or represented to be a trained, graduate or certified nurse, or use any letters, words, or figures to indicate that such person is a trained, graduate or certified nurse."

Nurses who have long and strenuously advocated registration by the State must feel justified for their efforts in having their theory supported by so great a personage as the Health Commissioner of New York City.—*The Modern Hospital.*

IS NURSING A PROFESSION OR A TRADE?

In The Modern Hospital will be found a letter from the Acting Commissioner of Labor concerning the admission of training school pupils and graduate nurses from Canada.

It is the purpose at this time to call attention only to the last three lines of the commissioner's letter, namely, that "Nurses are not specifically mentioned in the exception, and the department has held that nurses do not belong to a recognized learned profession."

For years the writer of this editorial has warned the leaders in the nursing world that they were heading their high calling toward a maelstrom of labor unionism. He called special attention to the California eight-hour law as proposed to affect nurses, and urged that this Act was the parting of the ways between professionalism and union labor, and that the enactment of this law would cost the nursing profession years of woe and the hardest kind of work on the part of its best friends to undo the evil.

No one can possibly doubt the high purpose of such women as Miss Nutting, Miss Goodrich, Miss Maxwell, Miss Parsons, Miss Lawton, Miss Noyes, Miss Cooke, and their colaborers, but one may seriously doubt the wisdom of their insistence that the nursing profession shall be classed with union labor as to fixed hours, fixed wages —indiscriminately for the efficient and the inefficient, and at the same time retain the high position they demand for the profession alongside the other "learned professions."

The writer of this editorial warned the leaders in the nursing profession against the folly of the California law and attempts to enact

similar laws in other states, and in an editorial at the time prophesied that the time would come when the medical profession and the other friends of the nursing profession would have to join all their energies to undo the wrong.

That time is now come, and it becomes the duty of all of us to put our shoulders to the wheel and help lift the nursing profession out of the ruck in which it finds itself, and again set it upon the high plane of a "recognized learned profession."

The first thing to do is to ask for a reopening of the case before the Department of Labor, present our evidence that nursing is a "learned profession," and make our fight. The next thing is to clear our skirts of all the evidences of labor unionism by striking off our lists of demands all reference to fixed hours, regardless of conditions, and fixed, arbitrary wages for graduate nurses without reference to their efficiency. When we have done these things there is no doubt that nursing will really be again one of the "learned professions."—*The Modern Hospital.*

DEATH OF MRS. McEVOY

Announcement of the illness of Mrs. Fanny Wilde McEvoy, the aged Nightingale nurse, who, for four years, has been supported by the contributions of nurses scattered in a dozen or more different countries, has been made through these columns from time to time. It will be, therefore, no surprise to her friends to hear of her death, which took place in Detroit on July 29th. She had passed her eighty-sixth birthday a few weeks before her death.

On January 30th of this year she was stricken with paralysis, and since then has been bedridden. For two years she has been comfortably cared for in a boarding home for old ladies, and as far as human hands could secure comfort she lacked nothing needful. During part of her illness she had the services of a special nurse.

She is probably the last member of the first class of nurses trained in the Nightingale School at St. Thomas' Hospital, London, England, to be laid away. It will always stand to the credit of the nursing body that her last days were not spent in the county almshouse, which four years ago seemed to be the only refuge for the old couple. However, once the situation was made known, nurses from the corners of the world rallied to her support and announced themselves ready to contribute as long as might be needed. English nurses, through the treasurer of St. Thomas' Hospital, sent about $75.00 the first year. Special mention should be made of the Ohio Nurses' Association, the West Virginia Nurses' Association, the Graduate Nurses' Association of Ontario, the Alumnae Associations of the Massachusetts General

Hospital, the Waltham Training School, the Hospital for Sick Children, Toronto, the Toronto General Hospital, and other associations who have sent annual contributions from the time the fund was started. Until the past year the nurses in the American Hospital, Mexico, have contributed, and in a number of different cities individual nurses have collected sums ranging from $2.00 to $25.00 for her care. The list of contributors has been a very long one—it would require pages to acknowledge each individual contribution, which came mostly in the form of one dollar bills. Until one has to write acknowledgments for each dollar, one scarcely realizes how many one dollar bills it takes to make a hundred. However, the beautiful thing is that nurses cared enough to want to help, and to do everything possible to make the last days of the old veteran of the nursing profession free from worry of every kind. To the old lady herself her support always seemed a miracle, and she always accepted it as sent from the Lord in her hour of need.

Every letter received has been preserved, and a careful account has been made of all contributions. A statement will be sent to any contributor who desires it. Bills for funeral expenses have not yet been presented, but it is estimated that there will remain to her credit in the bank about $175.00, enough to provide a neat stone and leave a small sum for flowers each year for some years to come.

To the writer, her care has been a labor of love, tedious many times when scores of dollar contributions had to be acknowledged, but from the beginning it has been a task which was never to be laid down till the end came. It goes to prove that when one starts a good thing there will always be found willing hearts and hands to help. To all who have contributed in any way to the care of Mrs. McEvoy during the past four years the writer wishes to express her personal thanks.

CHARLOTTE A. AIKENS.

Editorial

AN OPPORTUNITY FOR SERVICE

The nurses of Canada have responded nobly to the calls for service that have come to them because of the war, whether it meant service at the Front or the equally important work of making supplies at home.

Now there comes an opportunity for service to one of our Allies which we cannot afford to let slip. In France nursing is in its infancy. It has only been by the strenuous efforts of a few devoted people that the true spirit of nursing has come into being there. We know how carefully this spirit must be fostered in order to develop properly. English nurses have done and are doing much to further this development and place nursing on the plane it should occupy. The war gives a peculiar opportunity to do this much more quickly and effectively than it could be done in time of peace, and the call comes for volunteers to assist.

Nurses of Canada. this is your opportunity to help demonstrate to a people more than willing to learn, just what true nursing is. The devoted workers in France will never forget your service. This is an opportunity not only to help give the suffering soldiers the care they need, but to establish a close relationship and co-operation with the nurses of France that will be a blessing to nurses and nursing for all time.

We are satisfied that there are nurses waiting for just such a call. Here is your opportunity!

Miss Ellison's letter sets forth the need, and supplies necessary information. The pamphlet on another page gives further information.

The need is urgent and the time to meet it is **now.** We trust the response will be hearty and becoming Canadian nurses.

Names and addresses may be sent to the Editor at 12 Selby Street, Toronto.

Dear Madam:

My cousin, Professor Watson, of Toronto University, has given me your address, and has asked me to write to you explaining our work. He says he is sure you will be interested and perhaps help us.

I am enclosing our appeal, which will explain a little the work we

are doing. As you know, the greatest part of the nursing in France is being done by Red Cross ladies who are all voluntary workers. Although one cannot help admiring the skilful way in which they work with so little experience, one is obliged to admit that to them the science of nursing means only the dressing of wounds, with the result that all the details that we call nursing are left in the hands of French orderlies—untrained men recruited generally from those unfit for military service.

The object of the French Flag Nursing Corps is to supply fully-trained women to the French Military Hospitals, and thus realize a notable amelioration in the treatment and care of the sick and wounded soldiers, while at the same time we hope to raise the whole tone of nursing in France.

Do you think it will be possible for you to send us a certain number of fully-trained nurses? These nurses should, of course, be examined by a first-class physician, so that their physical condition would enable them to stand the strain of the difficult conditions under which our nurses sometimes have to work. They must be both vaccinated and inoculated against typhoid. They should speak French, and, of course, their moral character must be above reproach. We have already a few Canadians attached to the Corps, and they have been admirable in every way, with a splendid spirit of adventure, most adaptable, and really make better pioneers than their more insular English sisters.

The French Government offers the F.F.N.C. nurses a salary at the rate of 1,040 francs per year, a lodging allowance of 350 francs a year, food at the hospital, and 100 francs for uniforms. To Canadian nurses earning a comfortable living this will, of course, seem a ridiculous salary, but it is war time, so nurses coming over will have to get a committee or friends to supplement this and pay their traveling expenses to and from Paris. We, of course, hold ourselves responsible for the nurses who come out in the service of the corps. I myself visit them at regular intervals in the hospitals, and we do everything possible for them in case of sickness. The French Government asks them to sign on to the end of the war, but in case of sickness or some equally urgent reason the contract can, of course, be broken. The nurses must understand that they are in the employment of the French Government, and are, therefore, just as much bound as they would be at home. We are only the intermediaries deputed by the French Government to look after their physical and moral well-being as well as to recruit the necessary nurses. I am, dear madam,

Yours truly,

GRACE ELLISON.

THE SAN FRANCISCO CONVENTION

The San Francisco Convention has passed into history. The attendance seems to have been all that could be desired. The only regret is that it was not an International Convention, as representative of the nurses of the world as the National one was of the United States.

The enthusiasm engendered by the feast of good things in the way of splendid papers and helpful discussions will bear fruit in better work more joyously done in the days to come.

The privilege of attending this convention was not for all, but all may read the papers, which will doubtless be reproduced in *The American Journal of Nursing*. We can thus learn many of the things that were emphasized by the different workers and so be helped to a larger view of our profession and be enabled to do our own particular bit more faithfully and effectively.

We have gleaned some of the good things from reports kindly sent us by one of our Montreal members, whose privilege it was to attend. These appear on another page.

THE CANCER MENACE

This is the subject of a strong editorial in the *New York Journal of Medicine*, which it would be well if every nurse could read. The campaign against cancer is as important as that against tuberculosis, for the disease is so prevalent and the death rate so appalling that any measures of prevention should receive our careful consideration.

The writer goes on to say that:

"The very early diagnosis of cancer is difficult, exceedingly difficult. This is especially true of internal cancer, while, on the other hand, superficial manifestations on integumental or mucous surfaces, while they lend visual proof to our aid, almost invariably take on the malignant cell changes under the protection of what we look upon as a simple benign growth.

"Instruction of the laity regarding cancer, its early symptoms and the most frequent parts of the body affected, will go far toward reducing its frightful mortality. From an analysis of 400 cases received and tabulated from surgeons' reports, it is shown that in superficial cancer only 68 per cent. were operable when they came to the surgeon, and of the deep-seated cancers only 48 per cent. or less than one-half were operable. Another important fact derived from these reports is that in 39 per cent. of the superficial cancers and in 46 per cent. of the deep-seated cancers there had been a precancerous condition or a chronic

irritation. In other words, in almost one-half of the patients who were sent to the surgeons with a fully-developed cancer, there had been a previous condition which might have been cured and the development of cancer arrested. It was also shown that in the superficial cases the patients were aware of their condition but probably unaware of its nature, on an average of one year and six months, and in deep cancers, the signs of the disease were evident to the patients one year and two months before they sought the aid of a surgeon.

"The campaign now so vigorously waged by medical and social organizations is to impress upon the mind of every individual, the knowledge that cancer in its incipiency is curable by operation. The fear of being told by a physician that a certain growth is cancer should not deter but rather hasten a consultation, and submission without delay to an operation, if so advised."

Nurses often have the opportunity of directing incipient cases to consult a surgeon, and no such opportunity should be neglected. Is not the conservation of health one of the nurse's most important duties?

SOCIAL SERVICE COURSE

The Department of Social Service of the University of Toronto has issued a calendar which gives full information concerning the course for the academic year beginning September 27, 1915.

The necessity for training in this branch of work is recognized by all and the establishment of this course in one of our universities has been a great boon to Canadian nurses, who have previously had to go to the United States for any special training along this line.

Many nurses availed themselves of the opportunities of this course last year. The demand for trained social workers is ever increasing, so there is every probability for a larger number of students this year. Write to the Bursar of the University for a copy of the calendar.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Helen N. W. Smith, Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

The regular monthly meeting of the executive was held in the Club House, 295 Sherbourne Street, on Wednesday, July 29th, 1915, the President, Miss Madden, in the chair.

The following members were present: Misses Gunn, Dyke, Matheson, Dixon (Peterboro); Jamieson, Jackson and Dickson.

The Eligibility Committee report was made by the convener, Miss Gunn, showing that the circular letter was sent to 192 hospitals, including both private and public institutions. Of these, fifty maintaining training schools replied promptly and fully. Twenty-seven replied where training schools were not maintained, leaving a total of 112 not heard from. The secretary was instructed to send reminders to those missing, so that a complete record could be on file. As a result of the report it was moved by Miss Gunn, seconded by Miss Dyke, that the following resolution be presented to the association at its special meeting:

"That nurses graduating from a training school in connection with a hospital with a daily average of twenty-five occupied beds, and giving its pupils not less than a two-years training in general nursing, or giving an equivalent training in one or more hospitals, and whose curriculum has been approved by the Board of Directors of this Association shall be eligible for membership."

Report was then read from Miss Weyer, secretary War Committee, Toronto. After some discussion it was decided that the Toronto War Committee be authorized to represent the G.N.A.O., as it was thought that in this way the work of Red Cross nursing would be facilitated, since all applicants have to be considered by Dr. Copp, of Toronto, and that the formation of another committee would only be confusing. A letter to this effect is to be sent to Dr. Copp.

Moved by Miss Jamieson, seconded by Miss Gunn, that the special meeting of the G.N.A.O. be held at the General Hospital on September 10th, at 1 30 p.m.

The Gulf Islands' Lady Minto Hospital, at Ganges, Salt Spring Island, B.C., is being enlarged. When finished it will be a very complete and handsome little institution.

The Victorian Order nurses in Victoria are now established in their attractive and comfortable little home.

Miss Irene Smith is acting Superintendent for Miss Sarney, of the Lady Minto Hospital at Melfort, Sask. Miss Sarney is on leave for three months. Miss Morton left Montreal the end of July to open the new Country District at Cut Knife, Sask. Miss Drew is in charge of the Country District at Roblin, Manitoba; Miss Edith Williams of the one at Paynton, Sask.; Miss McKee, of the one at Jedburgh, Sask; Miss Kervin of that at Fairlight, Sask.; and Miss Skuse of the one at Hyde Park, Sask.

Miss M. Ritchie is Superintendent of the Lady Minto Hospital at Minnedosa, Manitoba, and Miss Heyes is her assistant. Miss Eva Shanks is on the staff of the Victorian Hospital at Kaslo, B.C. Miss Garbutt is the Assistant Superintendent of the Lady Minto Hospital at New Liskeard, Ont. Miss Harrison is on the staff of the Queen Victoria Hospital at Yorkton, Sask, and Misses McCormick and McLaren are the nurses on the North Bay District. Miss E. Johnson is the Child Welfare Nurse in Brantford. Miss Peever is the nurse in charge of the Hespeler District, Miss Aldrich of the Preston District, Miss Bourgaize of the Bobcaygeon, and Miss Dewar of the Whitby District.

Miss Fitzgerald is the District Superintendent of the Toronto Branch and Miss Luxon is her assistant.

Miss Parker has been appointed assistant on the Dartmouth District.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

THE NURSES' PRAYER

O God of gentleness and strength,
Whose tenderness is born of Love,
Grant us Thy Spirit in its power—
The mighty wind, the peaceful dove;
May we be strong, and calm, and brave,
Mighty through Thee to heal and save.

There is so little we can do,
And often all seems done in vain;
Our hearts are sore and faith grows dim
In the dark mystery of pain.
Guide Thou our hands to soothe and bless,
And fill them with Thy tenderness.

He whom Thou lovest, Lord, is sick,
And all our hearts cry out for Thee,
Come Thou responsive to our cry,
May we the Lord's salvation see,
And lest we ask amiss, we pray—
Thy will be done from day to day.

In lonely watches of the night,
Go Thou with us from ward to ward,
A healing Balm, a Vision sweet,
Each restless one to calm and guard,
With Thee we can the burden bear,
If Thou our nightly vigil share.

O loving, tender, precious Lord!
Show pity when our hearts are dumb;
Check every doubt, each murmur still,
Father, Thy Will, not mine, be done!
Work Thou with me to do Thy will,
Through me Thy promises fulfill. Amen.

HOSPITAL DISCIPLINE AND ETHICS

By Mary H. Tufts.

There are three view-points, generally speaking, from which the discipline and ethics of a hospital are scrutinized: they are those of the officials of the hospitals, the nursing staff, and the general public.

It is a good thing, once in a while, to know what the public think of us. It is also a good thing to keep in touch with the real spirit of the nursing staff of our hospitals.

It may be that the criticisms we sometimes hear are not as pleasant to hear as words of flattery; but an honest criticism is far more helpful, if taken in the right spirit, than flattery or ill-chosen words of commendation.

The foundation of a hospital, like that of society, is law and order. The executives of the hospitals must possess the power of enforcing the regulations which are essential to the existence of said hospitals as units of a social organization.

Hospital government does not depend wholly upon the executives; there are two other important factors, the personality and individuality of the staff nurses, and the public opinion of the communities of which the hospitals are a part.

In her book, "Nursing Ethics," Isabel Hampton Robb says: "Were we able to concentrate our attention on the vast army of trained nurses of the present time, we should be struck with some not altogether pleasant incongruities. We should notice a certain lack of harmony in methods of drill, in deportment, in discipline, in information, and other minor details. As a body they do not always move in step; they are sometimes out of line, and some are inclined to straggle. We then glance at the officers for an explanation, but we find that they, too, are not always in harmony, though perhaps more so than are those in the ranks. Still, it is apparent that each woman is a law unto herself in the matter of outer equipment, at least; and we may notice, in passing, that her eyes are concentrated upon her own particular regiment, without proper regard as to the manner in which its manoeuvres or action may affect those in front, behind, or on either side. We find that this lack of harmony in our nursing ranks arises from the fact that, generally speaking, as members of one profession they have been without an adopted code of ethics. From the rich fullness of our experience, or rather, from our several experiences, from what we have learned from our failures as well as from our successes should come the formulated code of ethics, which should serve for the young travelers in the guild as finger posts along their nursing career, to guide and

encourage them at the crossways of purposes until in the fullness of time they reach this knowledge for themselves.

"Heretofore, I fear we have done as much harm as good in the little we have tried to teach by the manner of teaching. Relegated to the head nurses or their successive assistants, the senior or junior nurses, for instruction on these all-important points, the probationer has had rules and forms, sometimes contradictory, thrown at her head, so to speak, at divers times, and in a variety of fashions.

"What wonder, then, if she comes to regard all rules to be avoided or broken at will, to be observed as little as possible; and, furthermore, what wonder if our nurses leave us with no higher ideals or standards than those which we too often find among them?"

These criticisms, coming from one of the best educators the nursing profession has ever had, cannot be overlooked.

During the last few years I have been interested in noting the ideas of educated people, and of hospital nurses, on the question of discipline and ethics. I have also considered the comments made by hospital patients as to the ethics and etiquet of the hospital working forces.

One eminent college professor who is well-versed in the problems of hospital management, recently said to me: "It seems to me that many of our hospitals are getting to be too monarchic; their discipline seems too compulsory, and not enough educational. 'Tis true that judicious severity is, in the end, the truest kindness; but a tyrannical system of repression, or an arbitrary favoritism, should no more have a place in hospital management than they do in a well regulated school or institution of any other kind. Nurses are but human; they are not plastic clay in the hands of the potter, nor a sheet of blank paper to be written upon; on the contrary, they are bundles of inherited tendencies and capacities. Education merely aids development and directs latent tendencies; it cannot create powers, and often fails to control them."

This gentleman cited many instances coming to his notice of just such contradictory methods of instruction as Mrs. Robb has alluded to; and emphasized the fact that many head nurses are obviously poor teachers, though their manual work may be accurate and skilful.

He also condemned an apparent lack of courtesy on the part of many superintendents and head nurses toward the nurses in training.

To eighteen eminent physicians, whose names appear on the list of staff visitors at large hospitals, I have put this question: "What, to your mind, are the apparent errors in the discipline and ethics of hospital nurses as you have observed them in your round of hospital duties?"

The answers from eleven of these doctors were to the effect that

they had been unfavorably impressed with, and highly disapproved of, the lack of courtesy on the part of some head nurses toward the pupils, and especially as evidenced by harsh and tactless orders to and criticisms of said pupils by the head nurses before members of the staff and before the patients. One physician expressed himself, in regard to making criticisms of the pupil's work before patients: "It is human nature to rebel when reprimanded before several people, and criticism of the pupil nurse in the presence of patients lowers the nurse very much in the estimation of the patients. And if the patients lose respect or confidence in the nurses caring for them the harmony and discipline of the wards are seriously interfered with. If a nurse is nagged at, or harshly reprimanded at every turn, there is a tendency for that nurse's patients to be overbearing or even insolent. Then, too, the patients will often wonder why the hospital retains in its service nurses who must be so very often railed at and found fault with. I wish I could impress this fact on the minds of every superintendent of nurses. When fault is to be found with pupil nurses, do it quietly and in a dignified way, and never in the presence of the staff or the patients, if it can be avoided. And, above all, don't nag."

Five physicians answered to the effect that they considered the methods of teaching in many hospitals to be faulty, in that they did not foster a spirit of individual inquiry or research among the pupil nurses. The nurses were obliged to follow a more or less unthinking routine, and were often ignored when they paused in the work to ask the questions which naturally occur to the mind of an observing nurse.

As an example of this, one doctor says: "I remember a recent incident occurring on the ward in a large hospital which I visit regularly. I was making rounds, and at the bedside of one patient, whose symptoms I had asked to have watched with especial care, I asked the head nurse of the ward as to whether there had occurred a certain symptom since my last visit. She replied in the negative. A young nurse, who had but just received her cap, and who was accompanying us on rounds, told her head nurse in an undertone that she had noticed this certain symptom while working about the patient that morning. 'But,' said the junior, 'I did not know that it had any particular significance, so did not tell you.' I shall never forget the expression of mingled anger and scorn on that head nurse's face as she replied: 'I do not require any information of this kind from you. When I want you to make the report to the visiting physicians, I will let you know.' I said nothing while on the ward, but when out of hearing of the other nurses I told the head nurse that I considered her treatment of her junior very discourteous, and that I was glad to see that a young nurse was observing enough to detect that symptom in my patient and to remember to report it. I also told her that no true teacher would

ever be permitted to habitually answer a pupil as she had answered her pupil nurse.

"She was, of course very much offended with me, and argued that is was a very 'unethical' thing for the junior to 'butt in with information before she was asked to do so.'

"This junior nurse, who was naturally rather bashful, was so crushed by the rebuff that she appeared very awkward and lacking in deftness whenever called upon for work before the staff for the rest of the time she remained on that ward.

"It was my pleasure to observe that when she was placed on duty in another ward she developed along the lines of clinical work with great rapidity; and when she had been eleven months in training school she was considered one of the most proficient first-year nurses the school had ever had. Fortunately she did not have to spend much time under the training of a head nurse such as I have referred to, whose arbitrary rules and tactless treatment were enough to crush the enthusiasm and repress the working of a naturally bright and inquiring mind. Such women are not educators in the true sense of the word; they do not draw out, train, discipline the minds of their pupils; they do not awaken curiosity, incite inquiry, nor develop discrimination."

Two doctors expressed the opinion that frequently the nurses in charge of wards set a bad example for those in training by a system of partiality, which is shown toward those nurses who may in some way especially attract them. "Whatever arguments may be made to the contrary, it is with nurses, as it is with public school teachers, their personal preferences bias their judgment in regard to the nurses in their wards many times. It frequently happens, and I have observed it, that the nurses who are brilliant in class work, of pleasing appearance, or especially quick motioned, are usually the ones who are favorites with head nurses, and receive favors and recognition when the more retiring, though often more conscientious, nurse is either snubbed or passed by."

There is another question involving both discipline and ethics and which has been discussed much among pupil nurses, doctors, and the general public. It is this: "Do nurses in training have as careful oversight as they ought in regard to their health? And is it wise or right for head nurses or superintendents of nurses to take it upon themselves to diagnose and prescribe for the ailments of their nurses?"

In the last few years I have asked this question of no less than one hundred persons, of whom thirty were physicians.

They answered to the effect that in many instances they have been compelled to believe that sick nurses in training receive too little care; that delays in providing prompt medical attendance have frequently

resulted in aggravation or prolongation of the illness of said nurses; and that they consider it a much-to-be-condemned practice that head nurses should ever diagnose or prescribe for cases of illness among their nurses.

One business woman, who is a member of the visiting committee at a large general hospital, says: "I have repeatedly raised my voice against the practice of allowing sick nurses in training to remain for hours, as I know they sometimes do, without any nourishment or the means to get it, and with only such medicines or treatment as may be given or prescribed by some head nurse. I have had quite a good many cases come to my notice in different ways where sick nurses were allowed to remain in their rooms in the nurses' quarters for as many as twenty hours without any nourishment, treatment or medicines. I know that in every instance I have in mind the nurses were ill of some ailment causing them acute suffering. Such explanations and apologies as I received from head nurses in regard to these situations were at best rather meaningless, and showed a lack of a true spirit of kindness. Is it kind to leave a sick nurse in her room after she has sent a report that she is ill for a whole day without a visit from any nurse or doctor? Yet I know that such things often happen. Every hospital should have some system by which the sick pupils can be assured of prompt medical and nursing attention. It is not any more right that a superintendent of nurses or any of her assistants should diagnose and prescribe for a sick pupil than it would be right for them to diagnose or prescribe for ward patients or patients in private practice. It is a dangerous thing to do, and I have good evidence that that practice has more than once been the means of prolonged illness and suffering for pupil nurses. Every doctor who has expressed an opinion to me in this matter has agreed with these sentiments of mine."

A prominent doctor who is on the visiting staff of a large New York hospital says: "I have had at least fifteen cases among sick pupil nurses coming under my care where they were allowed to remain in their rooms for hours or even days without proper medical care or nursing. In several cases the pupils proved to be seriously ill several days before they were seen by any doctor. Several of these cases had to be operated on soon after they were seen by a doctor.

"I have been exceedingly surprised and disgusted, let me say, to find that in almost all these cases the sick nurses had the diagnoses of their ailments and the prescriptions therefor made by some head nurse."

When a nurse complains of illness she has a right to demand that she have prompt medical attendance. Most hospitals claim that some one of their resident doctors has charge of sick nurses. That being the case, why do nurses diagnose and prescribe? To my mind it is an

arbitrary rule which many hospitals follow in not permitting the sick pupils to choose their medical attendant.

If circumstances prevent a prompt attendance on the part of the hospital's selected doctor, the hospital should at least be just enough to permit the pupils to personally send for a doctor of their own choosing, provided the pupil is willing to pay him if he is not connected with the staff; or in case he is a staff doctor, provided his duties permit him to take charge of their case.

Let me cite a case: Some years ago a nurse in a well known hospital was taken ill with abdominal pain and vomiting. She sent word to the office of the superintendent of her illness and inability to go on duty that day. It was five hours before she received an official visit from any nurse: then the superintendent sent one of her assistants, who took the patient's temperature and pulse, asked a few questions, remarked that she thought the illness was not serious, prescribed a few simple expedients, and returned to the office to report the case to the superintendent. The sick nurse did not receive another official visit until seven hours thereafter, when she sent word to the office that she was in great pain. The superintendent came to see her and followed about the same routine as the assistant had done. In a few hours from this time the pain had increased greatly and the pulse became rapid and thready, and a pupil nurse took it upon herself to again report the matter at the office. Her information was received somewhat rudely by the "powers that be"; but this time a resident doctor was called, who, upon careful examination, expressed it as his opinion that the case was appendicitis. A visiting surgeon was immediately called, and the patient, after a hurried preparation, was taken to the operating room, where, upon operating, it was found to be a fulminating case, with conditions about as bad as they could be. The girl never recovered from the anaesthetic, dying just nineteen hours from the time her case was first reported at the office of her superintendent of nurses.

This was a tragic ending of a case that was obviously neglected and improperly treated by nurses, until well advanced.

Had the family of that nurse seen fit to bring legal action against that hospital there would have been sufficient material for a lot of trouble for the hospital. It seems to be the idea of many head nurses that it is "Good Discipline" to pay comparatively little attention to sick nurses, unless they seem very ill. Such is a dangerous policy, and the sooner it is changed the safer and better it will be for all concerned."

As a nurse, several cases come to mind where sick pupils suffered unnecessarily for lack of prompt nursing and medical care. One of these was a severe influenza, complicated with mastoiditis. This nurse was ill for hours in her room in the nurses' quarters, without medical

attendance, and with but few official visits from nurses. She became very ill before she was visited by any doctor, and soon after his visit was taken to the ward and soon operated on. She was months convalescing, and according to testimony of several competent doctors did not have the treatment she needed before a doctor saw her. This same nurse had, several months before, suffered much from a peculiar, stinging pain from swelling in her feet. She endured it for a matter of seven weeks before reporting the matter to her superintendent of nurses. She was not a "complainer," or a nurse to feign illness for the sake of an off-duty rest. The superintendent inspected her feet and said: "I cannot see any special trouble. Don't you think you are hipped about your feet?" Imagine the feelings of the nurse, who had endured actual tortures with her feet for seven weeks before reporting. After some deliberation the superintendent called in a visiting physician, who pronounced the trouble as probably a form of rheumatism in the toe joints, and prescribed. Then the nurse was sent back to work, with a heart full of indignation at her superintendent's injustice in doubting the sincerity of her complaint. After a few months the nurse had the severe illness previously mentioned, from mastoiditis, with its attendant neglect as to care. Shortly after the mastoid attack, the arthritis, for such it was, in her feet, developed rapidly for a time, spreading to many other joints, and compelling a relinquishment of all arduous work at the end of five years from that time. And the nurse is to-day an invalid from arthritis deformans. Although not naturally an unforgiving woman, she looks back with many bitter reflections at the injustice of her treatment at those times. She feels certain had she been rendered proper and prompt treatment she might have been spared much suffering and perhaps many months of invalidism. Can any right-minded person blame this nurse?

It is clear that it demands only a human charity and sympathy to dictate our conduct to either sick or well.

What a pity it is that many head nurses get the idea that it is necessary to "bulldoze," to use the most scathing sarcasm, to ignore, and to snub the women who are studying nursing, in order to keep them in subjection and to best fit them for their profession.

A wise attention to the laws of courtesy, as recognized by polite society, would add much to the influence of, and the respect for, many head nurses.

John Stuart Mill has said: "The less a teacher threatens, the less he finds fault, the less he scolds, the more friends he will have, and the better will be his school. . . . Unless you wish to be hated beware of sarcasm and ridicule. A cutting remark is never forgotten and seldom forgiven. Be courteous and polite; you can more easily win by kindness than you can drive by authority."

It does not require the wisdom of a Solomon to detect the fact that the methods of discipline and instruction in many hospitals differ widely from those employed in other schools and colleges.

Being asked his opinion in regard to hospital discipline and methods of teaching, a well known college professor replied: "I am much interested in hospital work in all its phases and try to keep in touch with the problems of nurses' training. I have often thought that the methods of discipline were in some hospitals very arbitrary. I am inclined to think that this is one of the reasons why so many graduate nurses earn the reputation of being very arbitrary and self-sufficient after they take up their work outside the hospital. I know that some do earn such a reputation. I am very sure that were as arbitrary methods of discipline pursued in other schools as are sometimes used in hospital schools, the pupils would rise in open rebellion; in other words, they would not stand for it."

The argument that every nurse has a right to know why she is being disciplined seems reasonable enough. But we are taught to accept anything that comes our way without a question or a murmur. Perhaps it tends to teach us self-control when we are subjected to absurd and inexplainable annoyances.

Not long ago a nurse in a large New York hospital was subjected to the following annoying treatment: One morning, immediately after the rising-bell sounded, she went, as was her custom, to one of the nurses' bathrooms for her bath, carrying with her all her towels, soap, toothbrush, comb, etc. She placed these articles in the bathroom and turned on the water, and stepped for a moment into an adjacent closet. Almost immediately, one of the assistant superintendents of nurses came through the lavatory, and, entering the bathroom, locked the door and, presumably, proceeded to take her bath. The pupil-nurse was too astonished for a moment to know what to do, but presently knocked upon the door and said: "This is Miss —, whose clothes and toilet articles are in the bathroom; I had not begun my bath, and have not been here more than five minutes. Will you please let me have my clothing?" There was no answer, and the nurse repeated her knocks on the door and politely-worded request three times, but received no reply. The transom was open over the bathroom door and she felt very sure that the woman within heard every word she said. Then she waited quietly in the lavatory until she was compelled to go to her room to dress for her on-duty. She had to borrow a comb from her roommate and make a hasty toilet as best she could; had to wear a pair of high-heeled dress shoes on duty (her nurses' boots being in the bathroom with her other articles), and by reason of all these delays was obliged to go on duty without her breakfast.

This nurse repeated the incident to many of her fellow-nurses, but no one could offer any explanation, and to this day that nurse does not understand why discipline (if it may be dignified by that term) was

meted out to her. One thing she is sure of, that she was not breaking any rule in regard to use of the bathroom. Naturally, she was inclined to consider it a very peculiar and inexcusable act on the part of that head nurse, and her dislike of said nurse dated from that time.

The great educator, Bain, has said: "Respect the personality and individuality of every pupil. By a little tact, patience and forbearance you may bring to bear on the self-willed pupil the influence of kindness, sympathy, and reason. Set your own tact against the obstinacy of any pupil. A forced submission often ends in sullen doggedness, or a smouldering fire of rebellion. From childhood to old age all human beings must obey the laws of society and the laws of nature. With the impulsive and inexperienced, real affection for the teacher will secure implicit obedience, and nothing else will."

If such tactics are successful in most ordinary day-schools, why may they not be best for the guidance of teachers in nurses' training schools?

It seems to be the very general opinion of many nurses in training that they ought to be permitted to know the why of affairs in all their work. Not that they expect to be told why before they porform the stipulated duty, or receive the discipline, but very soon afterwards at least.

To be obliged to follow fixed routines, working under a system of constant repression, dictated to by a corps of hidebound pedants, is a course calculated to prevent all that is most lovable and livable in a woman's nature.

The head nurse who habitually adopts a manner of frigid aloofness, and a scornfully condemnatory attitude toward her pupils, need not be surprised to find herself the most hated individual in the training school. And such obedience as is accorded her may be counted more the result of a fear for discipline than from any respect for her.

Women, being naturally of emotional natures, are exhausted and trammeled by the constant nerve-wearing of unjust criticism, nagging, and all the thousand-and-one annoyances that come from a lack of appreciation of their motives. It is impossible for any nurse to do her best work once she gets the impression that she is being watched by someone whose object is to find, not the good work she does, but to set that aside, and to harass her with a repeated enumeration of all her faults.

We all have our grave faults; and a wilful misdemeanor should be punished much more severely than an error committed unintentionally.

It seems to many persons who are acquainted with hospital work that discipline is meted out to many nurses on a system of partiality, rather than being graded to suit individual cases.

Bain has said that "In every school there are ringleaders in wrong-

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doing; the teacher who can captivate one set and capture the other will secure good government."

Few pupils can resist when they find themselves condemned by the common voice of their fellows, whose censure they dread more than that of their superiors.

"What pupils see constantly done by those whom they respect and love, they very soon come to think is what ought to be done," says the famous educator, Niemeyer. Therefore would it seem most essential that head nurses gain the respect and love of their pupils.

The government of a school must be, in many respects, an absolute monarchy; and it will have all of the vices of a despotism, unless its ruler has a high sense of responsibility, and a knowledge based upon careful study of the nature of body and mind. The despotism ought to be a modification of patriarchal rule.

Restraints should be as few as the situation admits of.

The operation of mere vindictiveness should be curtailed to the uttermost.

The reasons for repression and discipline should, as far as possible, be made intelligible to those concerned, and should be referable solely to the general good.

School discipline, like instruction, will take form from the temperament and character of the teacher. A reputation for impartial judgment is the essential requisite of the teacher who governs well.

Make but few rules, and do not talk much about infringements of them. Remember that pupils, as well as teachers, have rights, and that both have duties.

Put yourself in the place of your pupils. Recall your own school experiences, your hopes and fears, your impulses, your notions, and the motives that influenced you. If you do this, you cannot become a tyrant.

Regard all pupils as truthful and trustworthy until you have positive proof to the contrary. Pupils with a high sense of honor will never forgive you for doubting their word, or for making an unjust accusation. Trust your pupils if you want them to trust you.

Strong terms of reproof should be sparing, in order to be effective. Still more sparing ought to be the tones of anger. Loss of temper, however excusable, is a real victory to wrongdoers, although, for the moment, it may strike terror.

"A foundation principle of school government is that every pupil shall be allowed the largest liberty possible, without infringing on the rights, interests, and convenience of others," says Bain, in his "Science of Education."

Let us hope that the day is not far distant when the methods of discipline and education in all hospital training schools is based on the same or as sound principles as those employed in other schools and colleges.—*The International Hospital Record.*

Courses in Public Health Nursing

The Boston Instructive District Nursing Association offers two courses in preparation for public health nursing.

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HOSPITALS AND NURSES

Ontario

Berlin: The Graduate Nurses' Association has adjourned all regular monthly meetings during midsummer.

A regularly organized branch of the Red Cross Society in our city is the result of a campaign by our Graduate Nurses' Association.

Hitherto the Red Cross work has been done under the auspices of a number of local organizations, and a general feeling prevailed that the work should be organized on a broader basis. The result of a public meeting called by the mayor of our city has been an organization of unusual strength, representative of our prominent women and leading business men. The headquarters of our local branch of the Red Cross Society is now thronged daily and many nights of the week with busy workers.

Miss Helen Potter and Miss Helena Reid, class '12 B.W.H., now on duty at Shorncliffe, England, expect to be transferred early in August to active duty in France.

The resignation of Miss Merner, Assistant Superintendent B. W. Hospital, has been accepted by the Board and will take effect the middle of August.

Masses of pink and white roses and peonies transformed the lecture room at the Nurses' Residence into a bower of beauty, and nurses forgot grim and bacteria-laden lectures showered upon them from its platform as they gathered to the number of about thirty-five to shower Miss Merner with household linens.

A delightful evening was spent, through the gracious hospitality of Miss Rodgers, Superintendent.

We deeply regret having to chronicle the death of Margaret Nelson Lackner, wife of Dr. Harry M. Lackner, of this city, who passed away on June 14th, at the B. & W. Hospital.

Mrs. Lackner was a member of class '09 of the Toronto General Hospital, and a general favorite in social and musical circles.

"Our little systems have their day;
They have their day and cease to be.
They are but broken lights of Thee,
And Thou, O Lord, art more than they."

Miss Bertha Willoughby, formerly Superintendent of Nurses in Kingston General Hospital, has been appointed Matron of the Queen's Stationary Hospital. Miss Willoughby, who is a graduate of the King-

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insures hospitals against the dust evil. It is sanitary because it holds down the dust on the floor and kills the germs which the dust contains. Standard Floor Dressing preserves the floors; it penetrates and fills the pores of the wood and keeps out dust and dirt. It is economical; one gallon will cover from 500 to 700 square feet of floor. Standard Floor Dressing greatly improves the appearance of the floor and prevents it from warping and cracking. For prices and any further information, address our nearest office.

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ston General Hospital Training School for Nurses, was specially recommended for the post by Surgeon-General Jones and Miss Macdonald, who is head of the Canadian nursing service. Miss Willoughby has had eight months' experience already in a Canadian hospital in France, and is splendidly qualified.

The Queen's Stationary Hospital Corps is on its way to the Dardanelles, where it is to be stationed, and we hope soon to hear of its safe arrival.

The Guelph General Hospital Alumnae Association held its annual meeting on Tuesday, July 13th, in the lecture room of the Nurses' Residence. The meeting was well attended and the following officers elected: President, Miss Josephine Brown; 1st Vice-President, Miss M. Watt; 2nd Vice-President, Mrs. Alice Shaw; Secretary, Miss Bessie Miller; Treasurer, Miss Ida Watrous. The Canadian Nurse representative, Miss Bessie Miller. Sick Visiting Committee, Misses B. Richardson, Amy May, Agnes Gibson.

It was decided to have a picnic to Puslinch Lake the following Friday. This was thoroughly enjoyed by everyone present.

Miss Liphardt, graduate of Guelph General Hospital, now doing private work in Regina, is spending the vacation with her parents in Guelph.

Miss Hopkings, graduate of Guelph General Hospital, who has had charge of the operating room there, is spending the summer in Toronto, before taking up post-graduate work in the fall.

Miss Eisele, graduate of Guelph General Hospital, has taken a course in School Nursing in Toronto, and is at present spending some time at her home in Guelph.

Victoria Hospital Alumnae Association, London, is still interested in Red Cross work, and lately gave a cheque for one hundred dollars for hospital supplies.

New Brunswick

The cornerstone of the new hospital in Newcastle was laid on July 1, 1915, by Mrs. H. G. Monerieff. The land and building, costing $38,000.00, is the gift of a resident of Miramichi, who prefers to remain unknown. The building is 118 ft. x 40 ft., and will contain three storeys and basement, and will accommodate 31 patients. There is already a permanent endowment of $2,550.00 per year.

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The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Willard J. Hill; Secretary, Miss E. Gilroy, 674 Arlington St., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 187 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Miss E. P. Hegan,; Cor. Secretary, Miss A. A. Burns.

Doctor—a Word about Xanthin —and Caffeine

As you well know, it is xanthin in the bodies of the young that gives them their characteristic vivacity, agility, and enthusiasm. And it is because age lessens this supply that age is sedate and conservative.

In this connection it is interesting to note that xanthin belongs to the same family or chemical group as caffeine. Both are known to the chemist as dioxypurins. Xanthin is found in the bodies of animals, including man, while caffeine is found only in plants such as coffee, tea, cocoa, mate, also in Coca-Cola. To make this family relationship closer and more interesting the scientists now tell us that caffeine, after being digested and assimilated, is converted into a substance called paraxanthin, which is a twin brother of xanthin.

But more interesting still is the similarity between the twins, xanthin and caffeine, in their effects upon the human body. If xanthin is in reality the substance which gives to youth its vivacity and alertness, then caffeine, its twin brother, may be regarded as a vegetable substitute for xanthin and we thus have a logical explanation of why the caffeine-containing beverages refresh and invigorate the body. In old age, when the fire of youth is burning low and the supply of xanthin is nearly exhausted, may it not be that caffeine, as contained in Coca-Cola, tea, coffee, etc., serves a useful purpose in refreshing the nerves and muscles, and renewing the vitality as well as the sensation of youth?

Coca-Cola belongs to the same class of food products as tea and coffee, viz., the caffeine-beverages. Though they differ in flavor they are similar in effect, for caffeine is their common and only active principle. It is the caffeine that relieves fatigue and refreshes mind and body, not by ***artificial*** stimulation, but by a ***natural*** process analogous to that produced by the xanthin of the human body. Xanthin is a normal ingredient of the blood and flesh of all animals (including man) and is a refreshing principle of meat extracts, such as beef tea. Its action is similar to that of caffeine; in fact, when caffeine enters the body is becomes a xanthin. The caffeine beverages, therefore, have their counterpart in the ***normal*** human body, in the form of xanthin, and hence some scientists have classed them as ***"natural"*** stimulants in contradistinction to the ***"artificial"*** stimulants such as alcohol, nitroglycerine, strychnine, etc.

Other Matter for the Asking, Doctor

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